

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTQ-875)

SERIAL NO. **700572**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2		2			53							
4		0		0			54							
5		0		0			55							
6		0		0			56							
7		0		0			57							
8	1		1				58							
9		1		1			59							
10		2		2			60							
11		2		2			61							
12		0		0			62							
13		0		0			63							
14		0		0			64							
15		0		0			65							
16		0		0			66							
17							67							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
OTA VD.			2				TOTAL IND.							
OTA EP.			16				TOTAL DEP.							
OTA CLAIM			18				TOTAL CLAIMS							